

EXHIBIT A2 –COLLINS AMENDED COMPLAINT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

AFFIDAVIT OF MEGAN KILLION

COMES NOW the affiant, **MEGAN KILLION**, who, having first been duly sworn, states that the following statements are true:

1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Tennessee, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am an attorney employed by Branstetter, Stranch and Jennings, PLLC, located in Nashville, Tennessee.

2. On March 24, 2015, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Jean Atkinson, R.N at her most recent known business address (Cumberland Medical Center, 421 South Main Street, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 1 a copy of the Notice letter sent to Jean Atkinson, R.N. along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Jean Atkinson, R.N. to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notice and enclosures.

3. On March 24, 2015, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Calisher & Associates, Inc. at the company's Tennessee registered agent's address (c/o Paracorp Incorporated, Ste B, 992 Davidson Drive, Nashville, TN 37205)

EXHIBIT A2 –COLLINS AMENDED COMPLAINT

and the company's Principal Address (Ste 115, 555 Corporate Drive, Ladera Ranch, CA 92694). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 2 a copy of the Notice letter sent to Calisher & Associates, Inc. along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Calisher & Associates, Inc. to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notice and enclosures.

4. On March 24, 2015, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Specialty Surgery Center to Specialty Surgery Center's attorney's address (c/o Chris Tardio, Gideon Cooper & Essary, 315 Deaderick St., Suite 1100, Nashville, TN 37238) because Specialty Surgery Center no longer operates at any physical location. I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 3 a copy of the Notice letter sent to Specialty Surgery Center along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Specialty Surgery Center to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notice and enclosures.

5. On April 7, 2015, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to the address where Plaintiff was last treated at Specialty Surgery Center

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(116 Brown Avenue, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 4 a copy of the Notice letters sent to Specialty Surgery Center along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Specialty Surgery Center to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notices and

6. On March 24, 2015 I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Dr. Kenneth R Lister, M.D. at the address listed for Dr. Lister on the Tennessee Department of Health website (Outpatient Anesthesia, 2761 Sullins Street, Knoxville TN 37919). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 5 a copy of the Notice letters sent to Dr. Lister along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Dr. Lister to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notices and enclosures.

7. The letter addressed to Dr. Lister at his Sullins Street address was returned undeliverable. On April 7, 2015, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to the address where Plaintiff was last treated by the provider (116 Brown Avenue, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal

EXHIBIT A2 -COLLINS AMENDED COMPLAINT

Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 6 a copy of the Notice letters sent to Dr. Lister along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Dr. Lister to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notices and enclosures.

FURTHER AFFIANT SAITH NOT.

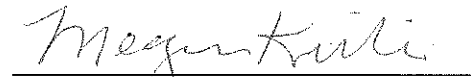
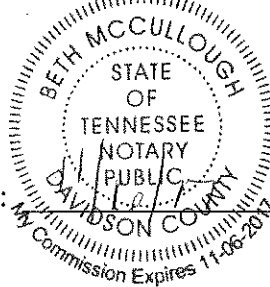

Megan Killion

EXHIBIT A2 -COLLINS AMENDED COMPLAINT

State of Tennessee)
)
County of Davidson)

Personally appeared before me, the undersigned, a Notary Public of said County and State, Megan Killion, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that the foregoing was sworn to and executed for the purpose therein contained.

This 3rd day of November, 2015



Beth McCullough

Notary Public

My commission expires: _____

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW
227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631

TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

CECIL D. BRANSTETTER, SR., 1920-2014

R. JAN JENNINGS*

JOE P. LENISKI, JR.

DONALD L. SCHOLES

MIKE STEWART

JAMES G. STRANCH, III

J. GERARD STRANCH, IV

MICHAEL J. WALL

ASSOCIATES:

RAQUEL L. BELLAMY

KARLA M. CAMPBELL

BEN CASTEL*

SEAMUS T. KELLY

OF COUNSEL:

ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN GA
** ONLY ADMITTED IN OH

March 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Calisher & Associates, Inc.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N., and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Calisher & Associates, Inc. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS

Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins

734 Sequoia Drive Crossville, TN 38572



Calisher & Associates, Inc.
March 24, 2015
Page 2

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Calisher & Associates, Inc. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,



BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Atkinson, Calisher Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Atkinson, Calisher Associates, Inc., or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins 7-12-13
Signature (Patient) Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW
227 SECOND AVENUE NORTH
FOURTH FLOOR

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NASHVILLE, TENNESSEE 37201-1631
TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

ASSOCIATES:
RAQUEL L. BELLAMY
KARLA M. CAMPBELL
BEN GASTEL*
SEAMUS T. KELLY

OF COUNSEL:
ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN GA
** ONLY ADMITTED IN OH

March 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Jean Atkinson, R.N.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N., and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by Jean Atkinson, R.N. and/or employees and/or agents of Jean Atkinson, R.N. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS

Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572

Jean Atkinson, R.N.
March 24, 2015
Page 2

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Jean Atkinson, R.N. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

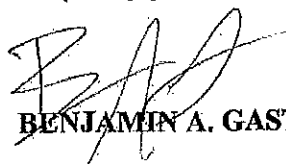
Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,


BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean McKinnon, Calishur & Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean McKinnon, Calishur & Associates, Inc. or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins
Signature (Patient)

7-12-13
Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

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BEN CASTEL*
SEAMUS T. KELLY

OF COUNSEL:
ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN GA
** ONLY ADMITTED IN OH

March 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Calisher & Associates, Inc.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N., and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Calisher & Associates, Inc. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS
Date of Birth: 11/17/1959
The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572

Calisher & Associates, Inc.
March 24, 2015
Page 2

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Calisher & Associates, Inc. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

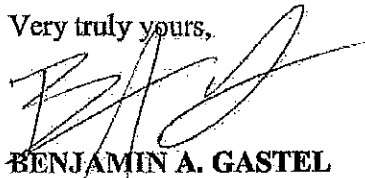
Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,



BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Atkinson, Calisher & Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Atkinson, Calisher & Associates, Inc. or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins 7-12-13
Signature (Patient) Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Callisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Callisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW
227 SECOND AVENUE NORTH
FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631
TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

CECIL D. BRANSTETTER, SR., 1920-2014
R. JAN JENNINGS*
JOE P. LENISKI, JR.
DONALD L. SCHOLES
MIKE STEWART
JAMES G. STRANCH, III
J. GERARD STRANCH, IV
MICHAEL J. WALL

ASSOCIATES:
RAQUEL L. BELLAMY
KARLA M. CAMPBELL
BEN CASTEL*
SEAMUS T. KELLY

OF COUNSEL:
ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN CA
** ONLY ADMITTED IN OH

March 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: **Specialty Surgery Center, PLLC:**

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N. and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY COLLINS
Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572



Specialty Surgery Center, PLLC
March 24, 2015
Page 2

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Specialty Surgery Center, PLLC on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Specialty Surgery Center, PLLC
March 24, 2015
Page 3

Very truly yours,

A handwritten signature in black ink, appearing to read "BA G", with a stylized flourish at the end.

BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Atkinson, Calisher Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Atkinson, Calisher Associates, Inc., or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins 7-12-13
Signature (Patient) Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Callsher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW
227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631

TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

CECIL D. BRANSTETTER, SR., 1920-2014

R. JAN JENNINGS*

JOE P. LENISKI, JR.

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MIKE STEWART

JAMES G. STRANCH, III

J. GERARD STRANCH, IV

MICHAEL J. WALL

ASSOCIATES:

RAQUEL L. BELLAMY

KARLA M. CAMPBELL

BEN GASTEL*

SEAMUS T. KELLY

OF COUNSEL:

ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN GA
** ONLY ADMITTED IN OH

March 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville; TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Kenneth R. Lister M.D:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N. and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by Kenneth R. Lister M.D. and/or employees and/or agents of Kenneth R. Lister, M.D. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY COLLINS
Date of Birth: 11/17/1959

Kenneth R. Lister M.D
March 24, 2015
Page 2

The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Kenneth R. Lister M.D. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Enclosures

Kenneth R. Lister M.D
March 24, 2015
Page 3

Very truly yours,

A handwritten signature in black ink, appearing to read "BA G", with a stylized flourish at the end.

BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Atkinson, Calisher Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Atkinson, Calisher Associates, Inc. or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any affect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

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Judy Collins 7-12-13
Signature (Patient) Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW
227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631

TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

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MICHAEL J. WALL

ASSOCIATES:

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KARLA M. CAMPBELL

BEN CASTEL*

SEAMUS T. KELLY

OF COUNSEL:

ROBERT E. RICHARDSON, JR. **

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March 24, 2015

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JUDY COLLINS
Date of Birth: 11/17/1959



Kenneth R. Lister M.D
March 24, 2015
Page 2

The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

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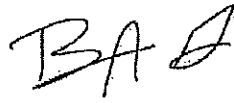
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Enclosures

Kenneth R. Lister M.D
March 24, 2015
Page 3

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BENJAMIN A. GASTEL

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Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Arkinson, Calishur Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Arkinson, Calishur Associates, Inc. or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

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I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins 7-12-13
Signature (Patient) Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

JC



Certificate of Mailing

The Certificate of Mailing Service is provided for the purpose of establishing proof of mailing.

BRANSTETTER, STRANCH & JENNINGS

227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TN 37201-1631

Kenneth R. Lister, M.D.

c/o Chris J. Tardio

Gideon Cooper & Essary

315 Deaderick St. Suite 1100

Nashville, Tennessee 37238

PS Form 3817, April 2007 PSN 7530-02-000-9065

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Total Postage & Fees	\$

SENT TO
Kenneth R. Lister, c/o Chris J. Tardio
Street & Apt. No., Gideon Cooper & Essary
or PO Box No. 315 Deaderick St., Suite 1100
City, State, ZIP+4[®] Nashville, TN 37238

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0003 8570 5483

JC



Certificate of Mailing

BRANSTETTER, STRANCH & JENNINGS

227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TN 37201-1631

TO: Kenneth R. Lister, M.D.

Outpatient Anesthesia

2761 Sullins Street

Knoxville, TN 37919

PS Form 3817, April 2007 PSN 7530-02-000-9065

1.000



\$1.30

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Kenneth R. Lister, MD Outpatient Anesthesia
 Street & Apt. No., or PO Box No.: 2761 Sullins Street
 City, State, ZIP+4: Knoxville, TN 37919

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0003 8570 5537

SC



Certificate of Mailing

Page 18
MAR 24 2015

1000



BRIANSTETTER, STRANCH & JENNINGS
 227 SECOND AVENUE NORTH
 FOURTH FLOOR
 NASHVILLE, TN 37201-1631

To: Specialty Surgery Center, PLLC
C/O Chris Tabbio
Gideon Cooper & Essary
315 Deaderick St, Suite 1100
Nashville, Tennessee 37238

PS Form 3817, April 2007 PSN 7530-02-000-9065

Postmark

\$1.30
 00091687-14

U.S. POSTAGE
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 NASHVILLE, TN
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 PMOUNT

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Stamp: NASHVILLE, TN MAR 24 2015

Sent To: Specialty Surgery Center
 Street & Apt. No., or PO Box No. 315 Deaderick Street, Suite 1100
 City, State, ZIP+4[®] Nashville, TN 37238

PS Form 3800, July 2014

JC



Certificate of Mailing

This Certificate of mailing provides evidence that mail has been deposited to the U.S. Postal Service for delivery to the addressee.

From: Bonsletter, Francis & Terrence, PLLC
227 Second Ave North, 4th Floor
Nashville, TN 37201

To: Jean Atkinson, RN
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

PS Form 3817, April 2007 PSN 7530-02-000-2065



1000

U.S. POSTAGE
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 NASHVILLE, TN
 37219
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 \$1.30
 00091687-14

7014 2120 0003 8570 5179

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To: <u>Jean Atkinson, Cumberland Medical Center</u> Street & Apt. No.: <u>421 South Main Street</u> or PO Box No.: City, State, ZIP+4: <u>Crossville, TN 38555</u>	
PS Form 3800, July 2012	

3C



Certificate of Mailing

The Certificate of Mailing is used to certify the date and time of mailing of a letter or other document. It is not to be used for other purposes.

From: Bonsletter, Francis Jennings PLLC
227 Second Ave North, 4th Floor
Nashville, TN 37201

To: Calishard Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205-1051

PS Form 3817, April 2007 PSN 7530-02-000-0065

1000



U.S. POSTAGE
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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage: \$ 1.30

Certified Fee: 0.00

Return Receipt Fee (Endorsement Required): 0.00

Restricted Delivery Fee (Endorsement Required): 0.00

Total Postage & Fees: \$ 1.30

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 Street & Apt. No., or PO Box No.: Ste B 992 Davidson Drive
 City, State, ZIP+4: Nashville, TN 37205

PS Form 3800, July 2011 See Reverse for Instructions

JTC



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Nashville, TN 37201

To: Calisher Associates, Inc.
Ste. 115
555 Corporate Dr
Ladera Ranch, CA 92694-2176

PS Form 3817, April 2007 PSN 7530-02-300-8065

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 or PO Box No. Ste 115 555 Corporate Drive
 City, State, ZIP+4[®] Ladera Ranch, CA 92694-2176

PS Form 3800, July 2014

0205 0258 E000 0272 4102

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW

227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631

TELEPHONE (615) 254-8801 - FACSIMILE (615) 250-3937

CECIL D. BRANSTETTER, SR., 1920-2014

R. JAN JENNINGS *

JOE P. LENISKI, JR.

DONALD L. SCHOLIS

MIKE STEWART

JAMES G. STRANCH, III

J. GERARD STRANCH, IV

MICHAEL J. WALL

ASSOCIATES:

RAQUEL L. BELLAMY

KARLA M. CAMPBELL

BEN GASTEL *

SEAMUS T. KELLY

K. GRACE STRANCH

OF COUNSEL:

ROBERT E. RICHARDSON, JR. **

April 7, 2015

* ALSO ADMITTED IN GA
** ONLY ADMITTED IN OH

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D.
116 Brown Ave
Crossville, TN 38555

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Kenneth R. Lister M.D.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N. and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by Kenneth R. Lister M.D. and/or employees and/or agents of Kenneth R. Lister, M.D. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY COLLINS

Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins

734 Sequoia Drive Crossville, TN 38572

The name and address of the attorney sending this notice:

Kenneth R. Lister M.D
April 7, 2015
Page 2

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Kenneth R. Lister M.D. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Kenneth R. Lister, M.D.
April 7, 2015
Page 3

Very truly yours,

A handwritten signature in black ink, appearing to read "BAG", with a stylized flourish at the end.

BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain Information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean Atkinson, Calichini Associates, Inc.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, Jean Atkinson, Calichini Associates, Inc. or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins
Signature (Patient)

7-12-13
Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

**1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919**

**Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238**

**Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555**

**2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238**

**3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555**

**4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205**

**Callisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694**

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW

227 SECOND AVENUE NORTH

FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631

TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

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MICHAEL J. WALL

ASSOCIATES:

RAQUEL L. BELLAMY

KARLA M. CAMPBELL

BEN GASTEL *

SEAMUS T. KELLY

K. GRACE STRANCH

OF COUNSEL:

ROBERT E. RICHARDSON, JR. **

* ALSO ADMITTED IN GA

** ONLY ADMITTED IN OH

April 7, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Specialty Surgery Center, PLLC
116 Brown Ave
Crossville, TN 38555

Re: **JUDY COLLINS**
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Specialty Surgery Center, PLLC:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D., Specialty Surgery Center, PLLC, Jean Atkinson, R.N. and Calisher & Associates, Inc., including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY COLLINS
Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins
734 Sequoia Drive Crossville, TN 38572

Specialty Surgery Center, PLLC
April 7, 2015
Page 2

The name and address of the attorney sending this notice:

BENJAMIN A. GASTEL
BRANSTETTER, STRANCH & JENNINGS, PLLC
227 Second Avenue North, 4th Floor
Nashville, Tennessee 37201

Additionally I am writing to place Specialty Surgery Center, PLLC on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Specialty Surgery Center, PLLC
April 7, 2015
Page 3

Very truly yours,

A handwritten signature in black ink, appearing to read "BAG", with a stylized flourish at the end.

BENJAMIN A. GASTEL

Enclosures

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister, Jean A. Lister, Catherine Lister, et al.

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, or any representative, attorney or investigator from said organization or person.

Purpose of the Requested Use or Disclosure

Legal

Expiration and Revocation of This Authorization

Expiration Date or Event: 3/20/15

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any affect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins
Signature (Patient)

7-12-13
Date

Signature (Authorized Representative) Date

Signature (Witness)

Relationship to Patient

List of Healthcare Providers- Judy Collins

1. Kenneth R. Lister, M.D.
Outpatient Anesthesia
2761 Sullins Street
Knoxville, TN 37919

Kenneth R. Lister, M.D.
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

Location where injection received:
Specialty Surgery Center, PLLC
116 Brown Avenue
Crossville, TN 38555

2. Specialty Surgery Center, PLLC
c/o Chris J. Tardio
Gideon Cooper & Essary
315 Deaderick St., Suite 1100
Nashville, Tennessee 37238

3. Jean Atkinson, R.N.
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555

4. Calisher and Associates, Inc.
Paracorp Incorporated
Ste B
992 Davidson Drive
Nashville, TN 37205

Calisher & Associates, Inc.
Ste 115
555 Corporate Drive
Ladera Ranch, CA 92694

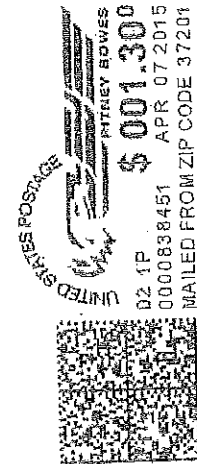
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 227 SECOND AVENUE NORTH
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 NASHVILLE, TN 37201-1631

To: **Specialty Surgery Center, PLLC**
 116 Brown Ave
 Crossville, TN 38555

PS Form 3817, April 2007 PSN 753G-02-000-9085



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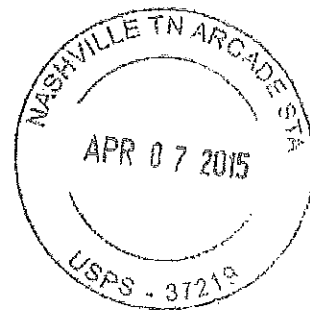
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 Street & Apt. No. or PO Box No. **116 Brown Ave**
 City, State, ZIP+4 **Crossville, TN 38555**

PS Form 3800, July 2014 See Reverse for Instructions





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The Certificate of Mailing and the enclosed mail must be submitted to USPS for mailing. The Certificate of Mailing is not valid without the enclosed mail.

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FOURTH FLOOR

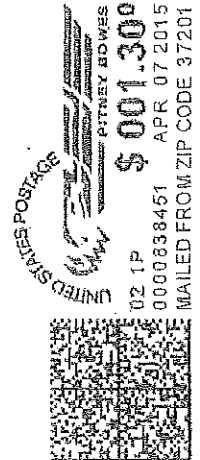
NASHVILLE, TN 37201-1631

To: **Kenneth R. Lister, M.D.**

116 Brown Ave

Crossville, TN 38555

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Sent To **Kenneth R. Lister, MD**

Street & Apt. No.,
or PO Box No. **116 Brown Ave**

City, State, ZIP+4
Crossville, TN 38555

PS Form 3800, July 2014

See Reverse for Instructions

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 227 SECOND AVENUE NORTH
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 NASHVILLE, TN 37201-1631

To: Kenneth R. Lister, MD
493 Lantana Rd
Crossville, TN 38555
JC

PS Form 3817, April 2007 PSN 7530-02-000-9065



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 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage & Fees: \$6.69

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Sent To: Kenneth R. Lister, MD
 Street & Apt. No. or PO Box No.: 493 Lantana Rd
 City, State, Zip+4: Crossville, TN 38555

PS Form 3800, July 2014 See Reverse for Instructions

